# Fighting Heart Disease At The Roots: Taming Inflammation And Insulin Resistance Transcript

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## Introduction and Guest Welcome

Welcome, everyone to another episode. Inside of the Heart Attack and Stroke Prevention Summit where we bring on the best guests. To provide you with the information you need to prevent a heart attack and stroke. Or to recover from a heart attack, a stroke.

Prevent a second one, whatever it may be. And who better than a cardio vascular surgeon to talk about heart health? Then doctor Philip Ovadia and I've got him on here.

And his website. His eye fix heart. We're going to talk to him about this stuff. And, you know, Phil, I'll address you. Is Phil during this year, with all due respect, that, I used to I used to run, if you will, with a cardiovascular, surgeon out here in Arizona.

And we were both young, single guys fresh out of training and we would be out somewhere and, you know, maybe we'd be talking to, let's just say, a couple of women.

And I always, like, deferred to him. We're kind of like, well, you know, we're both doctors. I'm like, I'm a cardiologist, but he's the surgeon. Like, he's the cardiovascular surgeon.

He's at the pinnacle. That's the guy. So, Phil, welcome to this episode of the Heart Attack and Stroke Prevention Summit. Yeah. Great to be here with you.

Jack. Really excited to, have this conversation. You know, it's interesting. I mean, certainly cardiac surgeons, I think, are known for their, maybe God complex.

And, you're probably familiar with the, old joke. You know, what's the difference between God and a cardiac surgeon? God doesn't think he's a cardiac surgeon.

But, I like to think that I'm a little bit more, humble. I know many of the nurses and, you know, staff that I've worked with, over the, 20 plus years that I've been doing this.

Now, always comment there, like, are you sure you're actually a heart surgeon? Because you don't you don't behave like the typical heart surgeon. And, you know, I like to think that that sort of humbleness, that open mindedness, not thinking that I knew everything is allowed me to get to where I am today.

And, where I am today is increasingly focused on keeping people off my operating table.

## Surgeon's Epiphany and Weight Loss

I think one of the great sort of truths that I've, had my eyes open to, over the past, you know, a couple of years. Is that the vast majority of what I do as a heart surgeon every day shouldn't need to be done.

And, this is all preventable disease that we're dealing with. I know, you talk so much about that. And, you know this summit, right? The heart disease and stroke.

Heart attack and stroke prevention summit. And that's what it should be all about. That's what I believe we as physicians should be focused on, is keeping people off of our operating tables as it is and helping them to prevent these diseases rather than just being there to treat them when they occur.

So you're still in the trenches. You're still cracking chests, if you will, still doing bypasses, still doing valve surgeries, all that, stuff. But what was your what was your epiphany moment?

Or I guess, you know, kind of like your superhero origin story about how you go through all this training to be a cardiovascular surgeon. You go through all these years, how does how do you what was your moment of, of, clarity?

Yeah, my epiphany moment really came about, ten years ago when I recognized that I was headed for my own operating table. Because I was a morbidly obese, pre-diabetic heart surgeon.

Right. And here I am trying to help people with this. And yet I was headed in the same direction. Right. And I was following the advice that I had learned to give them all of the advice that, you know, both of us learned, right?

Eat less, move more, eat a low fat diet. And it wasn't working for me and it wasn't working for my patients. And so I started to ask some different questions.

I was fortunate to start to come across some different information, and really started to learn about things like insulin resistance, things like metabolic health and what they really have to do with heart disease, and to understand that, you know, again, the way that we were educated, it's all about cholesterol.

It's not all about cholesterol. And, I was first able to overcome my own health challenges. Right. Lost, you know, 100 pounds, have been able to maintain that weight loss for a long period of time now.

Reversed my pre-diabetes, and along the way, came to understand how I could be better helping my patients. Like I said, trying to keep them off the operating table.

Or at least, you know, maybe after they've been on the operating table addressing those root causes. Because the surgery. Right, putting in the stents, doing the bypass surgery, it does nothing to change why the patient got there in the first place.

And if you don't address that, they're going to be back. And we know it. Right. We've both seen it from our years, you know, working in this field. The vast majority of patients that get treated for heart disease with something like a stent or bypass surgery, they still end up dying of heart disease.

Yes, they die later. We've improved their quality of life in the meantime. But they still die of heart disease because we don't address the underlying root cause.

And that's what I think. You need to have a greater focus on. All right. So let me tell you this story. Back in, 1999, I go to a meeting as a cardiology fellow at the American College of Cardiology meetings.

And it's in Orlando. And there they had a debate between the late Robert Adkins of, you know, high fat, low carb, famous, against Dean Ornish, the low fat guy.

And, Phil, I got to tell you, these guys hated each other after 45 minutes of debate back and forth and I walked out there and I said, everything Adkins is saying just makes total sense now.

I was still, you know, a 20 something year old cardiology trainee. I was still a Chicago guy. I didn't really follow at that time that type of message.

## Low-Carb Nutrition and Root Causes

But tell us, kind of like, you know, your your understand and, and how you're teaching people. You obviously lost all that weight. How did you do it? And what's the diet you're recommending to people in order to prevent a heart attack or stroke?

Yeah. And, you know, similar to you, one of my epiphany moments was actually at a meeting as well. Society of Thoracic Surgeon meeting, in, I was actually in your neck of the woods in Phoenix, Arizona, and, Gary Taubes was the invited, guest lecturer.

Right. And, you know how these things are, right? You're sitting there and it's a couple of thousand, in this case, heart surgeons, and they're in a big room, and you're kind of looking at the schedule and, you're looking outside and, you know, it's nice phoenix weather and, and I'm thinking, what's this journalist like talking to us about?

Right. And and, no disrespect to Gary, and I've met him since then and relayed this to him, but, you know, I'm kind of like, okay, this is a heart surgery meeting.

Why are we hearing from some journalist? But, at that time, he had just written the case against sugar, and he started talking about how the types of food that we eat is more important than the amount of food that we eat.

And, you know, for the first time, I was hearing about these concepts about, you know, carbohydrates being particularly dangerous. Sugar, refined carbohydrates.

And so, that's what I did, right? I cut out sugar. I went on a low carb diet. Of course, you know, along the way, rediscovered the work of Doctor Atkins and so many others. And, you know, it was right at first, like many people, you're just focused on the weight loss, right?

And you're like, okay, great, I lost weight. But then you start to get into the issue around heart disease and heart health and, coming across the work of, of, physicians like Doctor Raven.

Right. And understanding that, Gerald Grieve in an insulin resistance is the root cause of heart disease. And then starting to ask why I didn't learn this, right?

Why this isn't the stuff that we learn in school and in training. And, insulin resistance is something I remember, you know, maybe being mentioned in one of those, like, biochemical courses, you know, early in medical school.

But certainly as I was spending every day, you know, in the hospital treating heart disease, never heard insulin or insulin resistance mentioned. And yet there it is, the root cause of heart disease, probably the most important thing, along with inflammation. So, seeing the gaps in our understanding is really what led me to where I am.

And, you know, at a simple level, my approach, what I tell people, is, first and foremost, we need to get back to eating whole real food. Right? We can we can maybe argue about, you know, various things in the diet.

But, one of the things that's most consistent, right. And one of the things that I would say that Dean Ornish and Doctor Atkins would have agreed on, right, was eating real food.

And, so that's really what I focus on at a high level, eat whole real food. I think, you know, for anyone who's dealing with metabolic disease, with insulin resistance, right, you can't get away from you got to lower the carbohydrates.

And, again, as I look back as to how we got into this mess, you what you see is this focus on low fat because of the kind of misguided concept that dietary fat was, what was causing heart disease.

And you take out the fat and you put in more carbohydrates. And we look at everything that came after that, right? The food pyramid and all of the diet guidelines.

And they keep pushing us towards higher and higher carbohydrates and more and more processed food. And, the answer in my mind is pretty simple. Go back to what we used to do when heart disease was essentially non-existent.

Eat whole real food, highly refined carbohydrate rates again, were, you know, really non-existent or very minimal part of the diet. Carbohydrates in general were a lower part of the diet.

And eating natural fats, animal fats, was the majority of our diet. And that is what is going to prevent and manage heart disease most effectively. And then we have to the problem today, right, is when you say that, just like Doctor Adkins was facing back then is oh, but your cholesterol.

And that's where we have to start to get into the nuance of what cholesterol is, what role it actually plays in heart disease, and what role it may not play in heart disease, and that just having high cholesterol isn't really the problem.

Having the wrong type of cholesterol is the problem. But that again, ties back to the types of fat that you're eating and the amount of sugar in processed food that you're eating.

You know, there's a lot of conversation these days going on about seed oils. Yeah. You know, Bobby Kennedy, he's talking about a lot of people are talking about it.

## Oils, Processed Foods, and Healthy Fats

I think, you know, my opinion is, is that, as you mentioned, you know, whole real food, I guess in the sense of, like, if you're talking about whole real food, well, seed oil would not be part of whole real food.

But why would olive oil be part of, whole real food? Why would, I mean, and even, you know, coconut oil, things that frankly, I think are good and I like olive oil.

I got no problem with olive oil. And my personal opinion regarding seed oils is I don't really consume a lot of it. And I don't want people to be like the the big problem here is seed oils.

When there is all the artificial, there's all the chemicals. So I don't give me your take on like oils in general. And where do you think they come in or not come into play.

Yeah. So I think that seed oil is, are problematic. Right. But I don't know that they're problematic, because of what they are or how they're getting braided in the diet.

Right. And what I mean by that is they are in processed food, like, you don't get seed oils outside of processed food. So it becomes a little tough to separate, those two things.

Now, I think there are a lot of things of mechanistically about seed or bio candy, about seed oils, right? The polyunsaturated fatty acids and those unstable bonds that are then prone to oxidation.

Right. And you can see on a biochemical level how these can then lead to the inflammation that the, reactive oxygen species, you know, that we can demonstrate are then leading to the blood vessel wall damage and the subsequent buildup of plaque in those blood vessel walls.

Again, you know, I kind of like you mentioned, right? If you're just eating whole real food, you're not going to be exposed to these things in large amounts.

I prefer, you know, when we're talking about fats in the diet, I think that the natural animal fats come first and foremost. I think that the plant fats that are easily, you know, kind of extracted, right?

Things like coconut oil and olive oil, are fine. When you start to get into these, you know, highly processed fats, and that's what they are, the seed oils are just another processed food.

They're what happens when you highly processed fats, just like sugar, is what happens when you highly processed carbohydrates. And I view them both as, as problematic.

And, I believe that we should be minimizing all of this in the diet and just getting back to eating whole, real food. First and foremost. Yeah, I most certainly agree.

I think a lot of the problem too, and you can tell me if you disagree, is that it's just like most people are so heavily consuming these, these processed oils and they're not consuming the good high quality fats, like they're not eating the avocados, they're not eating wild seafood loaded with omega three fatty acids.

So it's almost like, you know, it's not that the consumption is. It's just the ratios are so far off. And it's almost like if we tell people, hey, eat a lot of seafood, eat these quality animal fats, even eggs.

If you consume dairy, make it raw and you're getting in all these good healthy fats that two things happen. Number one, your ratios get better as far as consumption.

But when you're eating all this good stuff, you're kind of pushing out the other bad stuff as well. So it's kind of like a two fold, you know, approach that could be helpful.

Yeah. No, I, I do certainly agree with that. Now we can look at, you know, okay, the standard American diet. Right. And you know, what are the problems there.

Right. Is it the excess of the processed food or is it the lack of the whole real food? And so again, it becomes tough to separate out. You really can't do one without the other.

When I'm talking to people about how to modify what they're eating, I do emphasize the positives, right? Eat more of this stuff. Right. Eat more animal protein and the fact that comes with it.

And over time, you're less and less hungry for the other stuff. And I think that's a better approach than trying to, you know, just cut things out. Right.

And the the real problem we run into, right, is things like, you know, meat have been so villainized. Right. So when you when you go to people and you say, you know, you got to cut out that processed food and you got to cut out the sugar in the vegetable and seed oil and they're like, well, what do I eat?

Because I, I've been told that, you know, red meat is going to kill me, right? And eggs are going to kill me. And dairy is bad for me. And they're kind of like, okay, what do you eat? Right?

So you have to do some of that reeducation around the fact that red meat is not harmful for your health. And this is one of the things that I think, maybe, carries the most, shock factor, right?

When the when the heart doctor. Right. Like ourselves are out there saying no red meat is fine for your health. And, you know, you don't have to worry about the saturated fat.

This is some of the un uneducated thing that we need to do, to get people to a place where they understand. Okay, I can just eat whole real food, right?

I can eat the meat. I can eat the veggies. And, that's what's going to get me to, best health. Doctor Philip Ovadia, he goes through four years of medical school.

He goes through his general surgery residency. He goes through cardiovascular surgery, you know, fellowship. How often did you guys talk about diet? Yeah, none.

## Medical Training, Hospital Food, and Culture Change

I can confidently say I don't remember one conversation around what patients were eating the whole time during the training and the, the, the superficial education we got around diet in medical school was basically understanding what a carbohydrate is, understanding what, you know, a fat is, and the biochemical processes that these things undergo.

And then, you know, basically, some platitude around the food pyramid and eating low fat diets, in the context of

disease. But we never talked about what the patients were eating and why it got them there.

I certainly never had the, sort of realization, right, that I now have on a daily basis. Unfortunately, where, for instance, in heart surgery. Right. We have known, for a long period of time.

This isn't like breaking science or anything, right? That the better you control a patient's blood sugar around the time of surgery, the less prone to complications they are going to be.

Especially infections. Right. So we've had these sort of standards of care in heart surgery now for almost the whole time I've been a heart surgeon. So 20 years, that you need to tightly control the patient's blood sugar around the time of surgery.

And to do that usually involves putting them on an insulin. You know, I've insulin, for the first 24 to 48 hours after surgery. And, it never struck me as strange up until a few years ago that you walk in the morning of surgery, after surgery and the patients there in the ICU, and they have their insulin going and the nurses, you know, checking your blood sugar every hour.

And, their breakfast tray comes right. And it is almost pure carbohydrate because fat is so villainized right in the heart healthy diet, you can't have any fat there.

So you have your oatmeal and you have your, you know, low fat pancakes, right? And, your low fat sirup with the pancakes and it's all carbohydrates and, you know, and we're literally putting the sugar in as we're trying to take the sugar out of the system with the insulin.

And it's just, you know, simple things like that, right? That the average worker just honestly doesn't have time to think about it. It's not even on their radar.

Like you said, we don't mention what the patient's eating, even though it is probably the primary cause of why they're there. And these are the things that we need to start to change, in the medical system.

And for those people that are looking to stay out of the medical system, right, it starts with what you eat. Yeah. You know, I was thinking about that, right.

Because here we've got Doctor Phillip over here. Right. And he's a cardiovascular surgeon. And you know, the guy's like Michelangelo, you know, with his hands.

And he, you know, somebody, he puts in these four brand new grafts into the person. Everything's flowing, you know, amazingly. And you put the person back together again, and now they're in the recovery area, and now it's, you know, day two and day three postoperatively.

And after you've done all that amazing work, you walk into the room. How does that make you feel when you see the stack of pancakes with sugar free sirup on the person's plate?

Yeah, I know it really honestly, at this point it it kind of sickens me, right? Patients doing fine, eating that food. I can't even look at it. And, you know, more and more, I just shake my head and, and I have become increasingly outspoken about this, and my patients understand this often.

Right. And and, you know, when I operate on people these days, they all get a copy of my book. And I tell them, you know, I don't want you coming back to my operating table.

And they now start to recognize it. Right? Because a lot of them, they've read it before the surgery, and then they're like sitting there looking at me and and like, what, what what's this food in front of me?

Why don't we have better food? And so, you know, that's certainly something I'm I'm optimistic will improve over time. And, you know, you mentioned RFK and and some of the, at least it's in the discussion now, right?

That we're talking about the food that we're eating and the influence that it's having on our health. And, I am hopeful that things are going to start to get done about it, because we, the honest truth is we can't continue the way we've been headed.

Right? We all know how it's bankrupting society, essentially. And what a big problem it is. And it's time that we start talking about it and start doing something about it.

I think it is a good, actually marketing, thing that hospitals could do that if you're a hospital, you have to outweigh the cost benefits and say, hey, wait a second.

If we tell everybody that if you need a procedure done, whether it's a new hip, you know, or a bypass surgery or your gallbladder or something on your skin or whatever it may be like, if you come into the hospital here, we're going to make sure you get fed this so people have a choice very often on where they want to go.

And doctors have a choice. This seems like a good opportunity. You know, for, for people I used to towards the end of my, you know, hospital career, you know, wrapping up in like 2011, 2012.

And I would write in the church, right or right in the orders, you know, organic, gluten free, free range, grass fed meat, wild seafood diet. And then, of course, you know, you know, dietary would call me up and they're like, oh, Doctor Wolfson, you know, we don't have that stuff.

And I'm like, I know you don't. And that's why I'm quitting. And I can't wait to get out of the hospital system. But, you know, and kudos to you for making those changes and those recommendations.

So many. I mean, listening to cardiovascular surgery, can be extremely, extremely lucrative. And, you know, and I'm sure as you found out, too, even if you were at those fellows, you know, meetings and you were talking about nutrition, I mean, you would be ostracized, like, your colleagues didn't want to hear that.

The attending didn't want to hear that the, you know, brothers and sisters, you know, who you were training with, who were in the trenches with that oftentimes.

I mean, there was nobody wanted to discuss that. They wanted to talk about a new surgical technique. Right. Or, you know, different ways to do certain things or new pharmaceuticals.

In the case of, you know, cardiologists, it just wasn't part of, you know, the whole process. And I'm so happy, you know, to meet you and know you too, just to see you, another brother in arms, really trying to make a difference.

You know, because I think the biggest crime, Phil, is when people like us know the truth. But you, like, suppress it and you don't share it, and you don't teach it or don't acknowledge it, like that's the real criminal activity.

Yeah. No, I, I agree with that completely. Right. I, I know how much effort it's taken, right, for me to educate myself on all of this. And, you know, that's hard.

And I know that most doctors don't have the time, or, you know, want to put the energy into doing that. And, you know, so I think most of them are truly ignorant, right, when it comes to this stuff and they just don't think about it.

But there are I like you, I do come across some that, you know, we start talking about some of this stuff and they're like, oh, yeah, that's how I eat, right?

You know, and I'm like, okay, do you talk to your patients about it? And, and they're like, no, you know, and that is harder for me to forgive.

## Labs, Risk Markers, and Pre-Surgery Optimization

Now I understand, right. The system doesn't necessarily treat this kindly. Right. It's hard in a lot of ways. And

unfortunately, so many of our colleagues are trapped by the system.

Right. They're employed doctors. They're being told what to do. And of course, you know, we saw this, in relation to other contexts over the past few years that when you speak out against something, there's a very real threat that, you know, it can you could be fired.

You know, you could be, whatever it is. Just told to not talk about that anymore and have no choice but to follow it because, you know, listen, we're all trying to make a living and feed our families and, and, you know, have our existence.

And so, that is scary for physicians, but I'm hoping more and more that physicians start to talk about and talk out about this, because I do think it is our obligation as a physician.

Right. I didn't, my obligation as a physician isn't to do heart surgery. Right. So what I'm trained to do, you know, I feel blessed every day. I have those skills.

But my obligation is to take care of the patient in front of me the best way I can. And we can go back to the Hippocratic oath. Right. It's in there. You know, that we're going to treat, you know, food is medicine.

You know, nutrition was one of the first things that Hippocrates talked about, in how we should be treating our patients. And we need to remember that as physicians.

We need to get back to that, that, you know, we need to do what is best for our patient first and foremost, not what's best for the hospital or our employer or the insurance company.

We need to do what is best for that patient in front of us every day. Yeah. Most certainly. And again, kudos to you for making that leap. I mean, there are so few and, of us, you know, who are out there and, you know, again, that crime of just knowing the truth and like you said, I mean, how do you how do you go to work and like, you know, you know, all this stuff, but you don't tell it to your patients?

I mean, it really doesn't make any sense. So, listen, you know, your book is called, stay off my operating table. It is Amazon best selling book, tens of thousands of copies that are out there.

And that's just changing lives every moment of every day. What? What are your favorite lab tests to avoid heart attack and stroke. Like what are the things that you're practicing in your in your clinic?

Yeah. So for me, it really, insulin resistance and inflammation, are really the two big areas of focus, the inflammation front, you know, probably C-reactive protein.

Simple. You know, most, most labs, you know, most, doc, a lot of doctors get it right. They just don't think about it in the right context. But C-reactive protein.

And then, some way of assessing insulin resistance, and, you know, this gets a little bit more complicated depending on, you know, what AB you're working with and what your doctor understanding is or doesn't understand.

But if you can just start with an insulin level. Right. And if you get your insulin level and you get your fasting glucose level, which every doctor gets these days, and you go online and you plug it into the homa AI or calculator, that'll give you a sense of your whether or not your insulin resistant, if you're able to get some more advanced tests.

I'm a big fan of the, it's called the lipoprotein insulin resistance score. The LP or test. And this looks at the size of your cholesterol particles. Right.

And it uses that to determine how insulin resistant you are. And, that's a great test to help you understand where you stand, because I do believe that it's the quality of your cholesterol that matters, not the quantity of your

cholesterol that matters.

And the LP test is a good test that, helps you to figure that out. Excellent. If someone if someone is facing maybe a cardiac surgery, what are some steps that they.

I mean, oftentimes you can't prepare for it. It happens, you know, very quickly. But, you know, kind of like I, I, let's say someone you know, let's say someone needs a new valve.

You're going to put a new valve into someone. So you got a few weeks, you know, on this, you know, typically or more. How do you prep someone in that sense?

How do you optimize someone prior to surgery? Yeah. So, again, you know, if you can identify and start to address the insulin resistance, that's going to be a great way to get started.

## Closing Thoughts and Shared Mission

And you know what I usually tell people, you know, eat whole real food, right? And if you're preparing for surgery, you probably want to overemphasize the protein part of this, right?

Because protein is great for healing, rebuilding those tissues. And so I'll usually tell people, you know, high protein, eat, you know, mostly animal proteins eat the fat that comes with it, reduce your carbohydrates.

And if we can start to get that insulin resistance under control, that's going to put you in much better shape leading into and recovering from the surgery.

As I mentioned, right, your your ability to control blood sugar around the time of surgery is one of the most important factors in avoiding complications.

And so if we can do that with a dietary approach, that's even better than having to do it with, you know, using high doses of insulin. And so let's get started working on that.

And then, you know, again, it's talking to your physician, about, okay, you know, not just are you going to fix the problem, right? Because that's what doctors do.

We're great at fixing problems. But start to have that conversation around, why did I get this problem in the first place? And that's what I think leads us to these deeper conversations and leads us towards things like insulin resistance so that we can, you know, again, keep you from coming back from the operating table or hopefully not.

Have you still die of that disease that we're trying to treat with this operation? Left main disease stent or bypass? I think in the vast majority of cases bypass.

And it's got to it's got to stay that way. Good man. Spoken like, true surgeon. Through and through. Phil is a pleasure to speak with you. I could pick your brain all day long and get these discussions out there, but people can go to your websites, I fix arts.

You got an amazing book. You got, you know, a thriving practice. From what I understand, a beautiful, young family. So some great things ahead, for you.

And again, the pinnacle. We're interviewing the pinnacle right here. Cardiovascular surgeon. He's telling you the best ways to stay off his operating table.

So thank you again, Phil. Yeah, thanks for having me, Jack. Really been an honor to participate in this, you know, your work, you know, you've been doing it for so long, and talking about these things for so long.

And it's a lot of the work that I've drawn upon and I learn from, so great to, be a part of this and connect with you.

And great to be on this shared mission with you.

Well, thank you again, because together, we're going to just help save a lot of people, a lot of lives. And, you know, listen, God bless the men and women who work in emergency rooms and trauma centers and urgent surgeries and stuff like that.

But as you know, when it comes to the prevention treatment, you know, you know, reversal of chronic diseases, they the medicine side is nothing. So, again, thank you for another wonderful episode of the Heart Attack and Stroke Prevention Summit.

We'll see you next time. For.